

II. Producer (Required):

Agency / Organization: The Batcave			
Producer declares responsibility for administering program necessary to fulfill the requirements of this General Permit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Order Number:	WDID:	Treatment: <input type="checkbox"/> Disinfected Tertiary <input type="checkbox"/> Advanced	
Existing Water Reclamation Requirements (if any):		Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address: 1111 Main Street			
City: Sacramento	County: Sacramento	State: CA	Zip: 95814
Phone Number: 916-111-1111		Fax Number:	
Contact Person: Bruce Wayne		E-Mail:	
Facility: The Batcave			
Facility Address: 1111 Main Street			

I hereby agree to meet and follow the requirements set forth in Water Quality Order No. 2009- 0006 -DWQ. I also agree to adhere to the Operation & Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for landscape applications. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.

I.	Signature of Producer:	Title:
	Printed or Typed Name: Bruce Wayne	Date: